MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09546 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
LENGTH OF STAY (in this place) 67 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) H. (Last) Ayres

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 16-1886
9. AGE last birthday: 67-7-4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Ayres
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Hennie Ayres Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive Cardiovascular disease	10 yrs
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Partial Left Hemiplegia — 1 wk

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to Sept 20, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE Robert L. LaMar (DEGREE OR TITLE) M.D. ADDRESS Snow Hill DATE SIGNED 9.21.53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept. 23/53
NAME OF CEMETERY OR CREMATORY Taylor Gate
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 9/22/53 REGISTRAR'S SIGNATURE Roy Smith
24. FUNERAL DIRECTOR Alex Emmis ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09547

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill X LENGTH OF STAY (in this place) Few Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr. Cohen's Office X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bore - Iron X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Betty (Middle) Lou (Last) Chatham

4. DATE OF DEATH (Month) Sept (Day) 30 (Year) 1953

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S | 8. DATE OF BIRTH Aug 4th 53 | 9. AGE last birthday yrs. | If under 1 year Months 1 Days 30 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Betty | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank C. Chatham | 14. MOTHER'S MAIDEN NAME Sallie Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Frank C. Chatham Father Chief

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

773.0 Immediate cause (a) Ill defined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital debility

(c) Forced birth - Eclamptic mother

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. N. E. Sartorius (Degree or title) Dep Med Exam | ADDRESS Pocomoke City Md | DATE SIGNED 9/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremate | DATE THEREOF Oct. 1/53 | NAME OF CEMETERY OR CREMATORY Turner Davis Farms | LOCATION (City, town, or county) Guildhall Rural Hill (State) Md

DATE REC'D BY LOCAL REG. 10/1/53 | REGISTRAR'S SIGNATURE LeRoy Smith | 24. FUNERAL DIRECTOR Alex C. Dennis, Snow Hill Md | ADDRESS

2083275384

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09548

CERTIFICATE OF DEATH

Reg. Dist. No. 350

M

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 39
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 39
STREET ADDRESS (If rural give location) Unionville

3. NAME OF DECEASED: (Type or Print) (First) HESTER (Middle) (Last) DENNIS
4. DATE OF DEATH: (Month) Sept 5 (Day) (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Dec 7, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Schoolfield
14. MOTHER'S MAIDEN NAME: Susan Boston

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Andrew Dennis, Pocomoke, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Arteria - Scleratic Card. Vasc. Dis. — Interval Between Onset And Death 3-4 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Anemia — 2 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19 ..., to 9/5, 1953 that I last saw the deceased alive on 9/5, 1953 and that death occurred at 10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis G. Llewelyn, M.D. ADDRESS Pocomoke City DATE SIGNED 9/8/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-10-53
NAME OF CEMETERY OR CREMATORY Unionville Methodist
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 10, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H Watson, Pocomoke, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09549

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Pocomoke City
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parker Field Baseball Park

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 18-32
STREET ADDRESS (If rural give location) Chesapeake Ave.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) JAMES (Last) LANDON

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify):

8. DATE OF BIRTH: March 17, 1888

9. AGE Last birthday: 65 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Robert L. Landon - Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 10 Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Artery Disease — 8 Months

DUE TO (c)

420.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 6, 1953, to Sept 6, 1953, that I last saw the deceased alive on Sept. 6, 1953, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles W. Trader MD — ADDRESS Pocomoke City Md — DATE SIGNED Sept. 7, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Sept. 8, 1953 — NAME OF CEMETERY OR CREMATORY Sunnyside Cemetery — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 7, 1953 — REGISTRAR'S SIGNATURE Anne C. White

24. FUNERAL DIRECTOR — ADDRESS Bradshaw Funeral Parlors 537 Main St. - Crisfield, Md.

RECEIVED
SEP 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09550

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY WORCESTER MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WOR.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY RF.D LENGTH OF STAY (in this place) 30 YRS	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OCEAN CITY
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) R7 D.

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) (Last) JESSIE LAYTON

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 18 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MAR. 1, 1879	74 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
PAINTER	HOUSE PAINTING	BERLIN, MD RJD.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
DAVID LAYTON	NARCISSA TRUITT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	No		MRS. JESSIE LAYTON, OCEAN CITY, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 20 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Trans vesical urethral dilatation — 2 wks

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4 Sept 53	Urethral stricture	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 18 Sept, 1953, to 18 Sept, 1953, that I last saw the deceased alive on 18 Sept, 1953, and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. L. Thomas	M.D.	Ocean City, Md	19 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	SEPT 21, 1953	EVERGREEN	BERLIN	MD

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-21-53	Helen F Hayward	Anna B Burbage	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:
COUNTY WORCESTER MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN X
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY WOR
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BERLIN
STREET ADDRESS (If rural give location) R.F.D. LIBERTYTOWN

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) JANE (Last) MARTIN

4. DATE OF DEATH: (Month) SEPT. (Day) 20 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH: NOV. 9, 1855
9. AGE last birthday: 97 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): STOUTS MILLS W.VA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PERRY STOUT
14. MOTHER'S MAIDEN NAME: CHRISTINE SMITH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT & ADDRESS: Mr. ROY MARTIN, BERLIN MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Myocarditis, & Ascites
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Nephritis
DUE TO
(c) Age

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: //
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1953, to 9-20-, 1953, that I last saw the deceased alive on 9-20-, 1953, and that death occurred at 9.20 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles R. Law
ADDRESS Berlin Md
DATE SIGNED Sept. 21-1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9/22/53
NAME OF CEMETERY OR CREMATORY RIVERSIDE
LOCATION (City, town, or county) BERLIN (State) MD
DATE REC'D BY LOCAL REGISTRAR 9-22-53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage
ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

RECEIVED
SEP 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester Co. — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke — LENGTH OF STAY (In this place) X — HOSPITAL OR INSTITUTION OR STREET ADDRESS on the road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Accomac — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parksley V43 — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) S. (Last) Powell

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1953

5. SEX F. — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married — 8. DATE OF BIRTH Feb 2-190 — 9. AGE last birthday 34 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home - wife — 10b. KIND OF BUSINESS OR INDUSTRY at home — 11. BIRTHPLACE (State or foreign country) Virginia — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Stanton — 14. MOTHER'S MAIDEN NAME Annie Bonwill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I — 16. SOCIAL SECURITY NO. 228-18-2458 — 17. INFORMANT AND ADDRESS Mrs Ruth Badger Cape Charles Va R2D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

824X

Immediate cause (a) Internal Hemorrhages Ruptured Spleen & Kidney all due to Fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hit from moving Automobile

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Blow on Head - before above accident

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes X No

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Road — (CITY OR TOWN) Rural — (COUNTY) Accomac — (STATE) Va

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 6 1953 A m. — INJURY OCCURRED While at work ☐ Not while at work X — HOW DID INJURY OCCUR? Deceased, Struck by moving automobile.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined X.*

SIGNATURE (Degree or title) Dr W. Antonius Del McKeon — ADDRESS Pocomoke City Md — DATE SIGNED 9/6/53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 9-8-53 — NAME OF CEMETERY OR CREMATORY Cape Charles Cemetery — LOCATION (City, town, or county) Cape Charles, Va. — (State)

DATE REC'D BY LOCAL REG. Sept. 9 1953 — REGISTRAR'S SIGNATURE Anne E. White — 24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. — ADDRESS

VS. A15A

RECEIVED
SEP 11 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09553

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
LENGTH OF STAY (in this place): 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location): Collins

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) Tuenn (Last) Pruitt
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Feb 18 1909
9. AGE last birthday: 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dr Prentice Walker
10b. KIND OF BUSINESS OR INDUSTRY: Plumber
11. BIRTHPLACE (State or foreign country): Good Will Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George O. Pruitt
14. MOTHER'S MAIDEN NAME: Sadie O. Blades
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 2
16. SOCIAL SECURITY NO.: 207-03-2396
17. INFORMANT AND ADDRESS: Sadie O. Pruitt - Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary disease — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A attack by digestion (c) Too much hard work.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. W. E. Sartorius (Degree or title) Dep Med Examiner ADDRESS: Ocean City Md DATE SIGNED: 9/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 21/53
NAME OF CEMETERY OR CREMATORY: Beth Oden
LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 9/21/53
REGISTRAR'S SIGNATURE: LeRoy Smith
24. FUNERAL DIRECTOR: Abby O. Dennis, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 29 1953
BUREAU V. S.

09554

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
LENGTH OF STAY (in this place) X Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS J. M. Pilchard farm X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural
STREET ADDRESS (If rural, give location) Route X 3

3. NAME OF DECEASED (Type or Print) (First) Wallace (Middle) Henry (Last) Thomas
4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 4 1922
9. AGE last birthday 31 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY Forest
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY N. Sd
13. FATHER'S NAME Ed. W. Thomas
14. MOTHER'S MAIDEN NAME Edna M Corbin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 218-16-7375
17. INFORMANT AND ADDRESS Ed. W Thomas - Pocomoke City Md R2D X 3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974X

Immediate cause (a) Suicide by Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Half hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Mania

(c) Alcoholism

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) 9 (Day) 6 (Year) 53 (Hour) 2:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Hung himself with a rope around neck

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐

SIGNATURE Dr N. E. Antonius (Degree or title) Dep Mt Exam ADDRESS Pocomoke City, Md DATE SIGNED 9/6/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-9-53
NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)
DATE REC'D BY LOCAL REG. Sept. 8, 1953
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 10 1953
BUREAU V. S.